Applicant Survey Detention Facilities

Completion of this Applicant Survey is on a voluntary basis and will not affect your eligibility for employment.

Title VII of the U.S. Civil Rights Act requires Yellowstone County to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices in county government.

Position Title:
Name:
How did you first learn of this position?
() Newspaper () A County employee
() Montana Job Service () Posted in a County office or bulletin board
() A referral/assistance organization () Internet
() Other (specify)
Date of Birth (month/day/year):/
() Male () Female
RACE/ETHNICITY – Please check the ONE box that best describes your race/ethnicity:
() WHITE (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North
Africa, or the Middle East.
SPANISH (HISPANIC) – A person having origins in Mexican, Puerto Rican, Cuban, Central or South
American or other Spanish Cultures, regardless of race.
() AMERICAN INDIAN or ALASKAN NATIVE – A person having origins in any of the original
peoples of North America who maintains cultural identification through tribal affiliation or
community recognition.
() ASIAN or PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far
East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for examples, China, India, Japan, Korea, the Philippines, and Samoa.
() BLACK (not of Hispanic origin) - A person having origins in one of the black racial groups of Africa.
beriek (not of Thispanic origin) - It person having origins in one of the black facial groups of Timea.
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Check the box(es) that describe your veteran status:
() Vietnam Era Veteran
() Veteran of Other War Era
() Other Veteran
() Disabled Veteran
() Not a Veteran
() - 1-1-1
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DISABILITY STATUS:
If applicable, check any disability you have: () Hearing impairment () Visual impairment
() Mobility impairment () Mental impairment
() Multiple disabilities () Other
() Multiple disabilities () Other
Do you have certification from the Department of Social & Rehabilitation Services for Handicapped Persons'
Employment Preference? () YES () NO